



Thank you for your interest in the North Dakota Trauma Foundation (NDTF) grant program. The NDTF grant program is funded through individual/squad memberships, and proceeds from the annual North Dakota State-Wide Trauma Conference.

The committee that reviews the grant applications consists of members of the NDTF Board of Directors, including a surgeon, emergency room physician, emergency room RN, trauma coordinator, hospital administrator, RN, pre-hospital provider, and interested lay persons. In previous years grant funds have been used for education, equipment and injury prevention projects. More specifically the funds have been used for PHTLS and TNCC courses, fluid warmers and immobilization equipment. **Please note that grant funds are awarded only to projects that are specifically related to trauma.**

In order to fund as many projects as possible, the NDTF provides funding on a 1:1 match basis. The NDTF grant funds can be used for up to half of the total cost of the project, and the requesting agency is responsible for the remaining cost. Each grant award will not exceed \$1000. If you feel your project is especially worthy, and that the NDTF should consider funding greater than 50% of the total cost not to exceed \$1000, please include the details of your special circumstances or needs on your application. Additional consideration may be given to a facility/agency with greater financial need, and to facilities that are state designated trauma centers. Priority for grant awards may also be given to agencies that have previously supported the NDTF.

Please be aware that incomplete grant applications will not be considered. All requested information must be included with the application. Members of the grant committee may contact you if there are any questions regarding your grant application. If you have any questions or concerns, please contact Vicky Black (701) 780-5337, Amy Eberle (701) 323-2939, or Deb Syverson (701) 234-6378.

Grant awards will be announced at the annual North Dakota State-Wide Trauma Conference. In addition a letter will be sent to the address provided on the application to officially notify you of any grant award from the NDTF. It will also explain the information you will need to report regarding the use of your grant funds.

Please submit your completed grant application and supporting documentation to:

North Dakota Trauma Foundation
PO Box 1198
Bismarck, ND 58502-1198

Grant applications may be submitted at any time, but ***in order to be considered for the fall 2016 grant round, the application must be postmarked by Friday, August 26, 2016.***

Sincerely,

A handwritten signature in black ink that reads "Vicky Black". The signature is written in a cursive, flowing style.

Vicky Black, RN, BSN
President, North Dakota Trauma Foundation



North Dakota Trauma Foundation
Grant Application 2016
Please type or print legibly.

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1. Name of Organization: _____

2. Contact Person: _____

3. Mailing Address: _____

City/State/Zip Code: _____

Telephone Number (include area code): _____

E-mail address: _____

4. Specify equipment/materials to be purchased with grant funds, or what type of training/education will be provided: _____

*****Pre-hospital requests for equipment require a letter of support from the organization's medical director.**

5. Specific amount requested from NDTF **not to exceed \$1000**: \$ _____

*****Attach a detailed, itemized list of the total cost of all items.**

6. **Attach most recent complete fiscal year or calendar year budget for your total operating budget. Please include a balance sheet that includes cash assets and net revenue.**

7. Organization History (*Describe the history of your organization*): _____

8. Organization's role in the community: _____

9. Description of Need (*Provide a description of the need or problem to be addressed and the **specific** purpose of the funds requested*): _____

10. Number of people employed by your organization: _____

If you are an EMS service, what is your average number of runs per year? _____

If you are a health care facility, what is your average number of ER visits per year?

11. Describe how additional funding will be raised or other sources of funding available to you to complete the cost of your project: _____

Organization Representative Name & Title (please print):_____

Signature:_____Date: _____ |